Education Authority of the County of Lanark.

TENTH

ANNUAL REPORT

ON THE

MEDICAL INSPECTION

AND

SUPERVISION OF SCHOOL CHILDREN

INCLUDING THE

SIXTH REPORT ON VISUAL AND DENTAL TREATMENT.

1918-1919.

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CONTENTS.

PAGE

Letter of Address, ... 5

School Medical Staff, ... 6

Introductory, ... 7

PART I.

Medical Inspection and Supervision, ... 8

PART II.

Physical Condition of School Children, with Statistical Tables, ... 10

PART III.

Treatment of School Children—

Report by Authority's Ophthalmic Surgeon with Statistical Tables, ... — 11

Report by Part-time Ophthalmic Surgeon for Hamilton District, ... 17

Report by Authority's Dental Surgeon (North Div.), 19

Report by Authority's Dental Surgeon (South Div.), 22

Report by Part-time Dental Surgeon (Bothwell District), 24

Report by Part-time Ear, Nose and Throat Specialist, 25

TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION AUTHORITY OF THE COUNTY OF LANARK.

Mr Chairman, Ladies and Gentlemen,

We beg to submit the Tenth Annual Report on the Medical Inspection, Supervision, and Treatment of School Children in the County of Lanark for the year ending 31st July, 1919.

We are,

Your obedient Servants,

JOHN MACINTYRE.
W. JONES MACKINNON.

School Medical Inspection Offices,
3 Clydesdale Street,
Hamilton, March, 1920.

SCHOOL MEDICAL STAFF.

NORTHERN DIVISION.

School Medical Officer.
(*b*) JOHN MACINTYRE,
M.B., Ch.B., D.P.H.

Assistant School Medical Officer.
(*d*) DONALD CLARK,
M.B., Ch.B.

SOUTHERN DIVISION.

School Medical Officer.
(*c*) W. JONES MACKINNON,
M.D., C.M., D.P.H.

Assistant School Medical Officer.
(*a*) CUNISON D. RANKIN,
M.D., Ch.B., D.P.H.

NURSES.

JEANIE M'NICOL.
(*e*) JENNY FREW.
MARION CLARK.
(*f*) ISOBEL DICK.

ISOBEL T. COCHRAN.
CHRISTINA CRAIB.
FRANCES M'KEE.
MARJORIE K. M'DOUGAL.

Ophthalmic Surgeon—ERNEST THOMSON, M.A., M.D., F.R.F.P.S.G.
Part-Time Oph. Surgeon—JAMES R. WATSON, M.A., M.D., D.P.H.
Part-Time Ear, Nose, and Throat Specialist—JAMES ADAM, M.A., M.D. F.R.F.P.S.G.

Dental Surgeons—H. R. BOWER, L.D.S.
D. St. LAWRENCE GILCHRIST, L.D.S.

Clerical Staff.

(*g*) ROBERT A. M'ROBBIE.
(*g*) JOHN WRIGHT.

ELIZABETH HARLEY.
HELEN S. STEVEN.

(*a*) Resumed duty January, 1919.
(*b*) ,, ,, March, 1919.
(*c*) ,, ,, April, 1919.
(*g*) ,, ,, February, 1919.

(*d*) Still on Military Service.
(*e*) Resigned February, 1919.
(*f*) Appointed February, 1919.

INTRODUCTORY.

The present Report is the first that has been issued by the School Medical Officers since 1914. It will be remembered that as soon as, or very shortly after, hostilities commenced, all the School Medical Officers were engaged on military service, and it was not till the Spring of 1919 that they were relieved from their military duties. In the interval between 1914 and 1919 the compiling and issuing of the annual reports have been undertaken by the Authority's Ophthalmic Surgeon—Dr Ernest Thomson—who, in spite of many formidable difficulties, not the least of which were pressure of work and serious shortage of clerical assistance, has been very successful in collating the work done by those members of the staff who remained on duty, and by supplying the Authority with accurate, instructive, and interesting Reports annually.

The year 1918 must for ever stand out in history as the year of the closing of hostilities in the greatest war the world has ever known. But it was also, and will remain memorable as, the year of one of the two greatest influenza epidemics of a half century. The two events combined created a universal upheaval, from the effects of which school work suffered in common with every other kind of business. The influenza epidemic began to affect schools almost immediately after their opening in August-September, and it was not until November that school work approximated to the normal throughout the County. Had all schools been closed at once, one would have known where one stood; but, in fact, schools were closed as the scourge attacked them. Arrangements for the Nurses' work, or the work of the Ophthalmic and Dental Surgeons were almost daily being upset, until a point was reached at which very few schools were open. Nor was the medical, nursing, and clerical staff in any better condition than the schools, many of the members being invalided. A general halt had to be called for several weeks, and no school work was attempted. At this period the clerical staff at the Education office was also depleted, and those nurses who remained well willingly rendered what assistance they could in the clerical work of that office.

Since the date of the coming into force of the new Education Act two large areas, namely, Hamilton and Bothwell areas, and some rural areas, which were previously outside the Secondary Education Committee's Treatment Scheme, now fall to be dealt with by the new Education Authority of the County. Thereby the school population coming under the treatment scheme has been increased by some 22,000. But a part of the former Shettleston area, with a school population of about 5300, has been taken over by the Glasgow Education Authority, leaving a net addition of between 16,000 and 17,000 children to be dealt with. It is clear that this increase in school population must add very largely to the work to be undertaken under the Authority's scheme of treatment, and an augmentation of the staff will be necessary.

PART I.

MEDICAL INSPECTION AND SUPERVISION.

As has already been explained in previous Reports, all routine medical examination of school children was in abeyance during the absence of the School Medical Officers on military service. Those of the nursing staff, however, who remained on duty continued the systematic supervision of all children at school, with a view to discovering cases of uncleanliness or neglect. In addition, they undertook the preliminary testing of the visual acuity of the various routine groups of pupils and of those special cases which were brought to their notice by teachers. That they were very successful in their work is evidenced by the report of the Ophthalmic Surgeon. The "following up" of many cases of neglect was also undertaken by the nursing staff, although, in the absence of the School Medical Officers, this could not have the fullest and best results.

Of the four Medical Officers who were on military service, Dr Rankin was released from the Army in January, 1919; Dr Macintyre in March; and Dr Mackinnon in April of the same year. The fourth, Dr Clark, is still engaged on military duty. It was considered advisable, owing to the short period that remained before the end of the school year, and on account of the medical staff not being at full strength, to postpone medical inspection of the routine groups of children, and to limit inspection to "non-routine" or "special" cases for the remainder of the session. This Report will, therefore, as far as Medical Inspection is concerned, deal almost exclusively with the results obtained from the inspection by our nursing staff, and from the examination of special cases by the School Medical Officers.

The Report must, of necessity, be to a large extent statistical, and it would serve no good purpose to make comparisons between it and any pre-war Report. However, it is very satisfactory to learn from the nursing staff that no special evidence of malnutrition was observable amongst the pupils even in the times of strictest food rationing. The nurses also report that the marked tendency towards greater personal cleanliness of the pupils, which was seen in all schools prior to 1914, was maintained throughout all the years of the war, and this in spite of the fact that, in a very large number of instances, the head of the house was in the Army, and parental discipline to some extent relaxed. The determination to "do their bit" which pervaded the whole land was not, apparently, confined to the adult portion of the nation. Next year's Report will deal fully with the whole subject of medical inspection and supervision of school children, and a survey of a complete year's work will give a truer and more comprehensive analysis than it is possible to give here.

STAFF.

The question of an addition to the Medical Inspection and Treatment Staff was brought forward in 1914, but the outbreak of war deferred full consideration of the subject. However, the matter is being again brought forward, and it is hoped that the Education Authority will agree to the appointment of, at least, two additional Assistant Medical Officers. An augmentation to the treatment staff is also urgent. Our present staff is now quite insufficient to overtake the amount of treatment work which is accumulating throughout the whole educational area. Especially is this the case since, in two of the largest School Boards which hitherto had conducted their own scheme of medical after-treatment, the work now falls to be undertaken by the Authority's staff.*

TREATMENT.

Although all routine medical inspection has been suspended for the past five years, treatment has never been discontinued, and the reports by the Doctors and Dentists engaged in this work will be found in the following pages. It has been said, and quite truly, that medical inspection without subsequent treatment is futile: but, conversely, treatment, either medical or dental, is never quite satisfactory without systematic inspection and supervision, and it is the firm conviction of the Authority's Specialists that their work suffered because of the long absence of the medical inspection staff. These two branches of school medical work are dependant each on the other and must progress side by side if the best results are to be obtained.

As the recently constituted Education Authority for the County contains many members who are, perhaps, not fully conversant with the scheme of medical inspection, supervision, and treatment of school children, the whole scheme, adjusted to the new conditions which now prevail, will be explained in next Annual Report.

---

* Since this was written two additional whole-time Assistant School Medical Officers, two additional whole-time Dentists, and three additional part-time Ophthalmic Surgeons have been appointed.

PART II.

THE PHYSICAL CONDITION OF THE SCHOOL CHILDREN.

For the year ending 31st July, 1919, the numbers of school children examined were:—

(1) At Systematic Examinations—

(a) Elementary Pupils—

	Boys.	Girls.
Entrants (6 years old and under)..	7671	7144
Intermediate Pupils (11 years old).	5178	4781
Leavers (13 years old)	3194	2961
Special Cases	1759	1812
	17,802	16,698
Total	34,500	

(b) Higher Grade Pupils—

	Boys.	Girls.
11 years old group	137	126
13 years old group	604	626
Special Cases	14	20
	755	772
Total	1527	

For numbers examined and results of examination in each School Board area, see Tables A, B, C, and D.

2. Pupils Examined at Re-visits and Home Visits ... 3925

TABLE A.—Elementary Pupils examined at the Routine Examination for Year Ending 31st July, 1919.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.									SCHOLARS NOTIFIED OF CONDITIONS REQUIRING ATTENTION.									CONDITIONS.		Average Number of Scholars on Register.
	Infants. (6 years & under)		Age Group. (11-12 years).		Seniors (13 years & over).		Selected.		Total.	Infants. (6 years & under)		Age Group. (11-12 years).		Seniors. (13 years & over).		Selected.		Total.			
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		Record'd	Notified.	
Airdrie,	368	330	203	208	130	102	45	46	1432	24	34	14	20	12	10	10	12	136	154	154	4922
Avondale,	48	40	38	46	5	6	4	8	195	4	8	2	7	1	1	2	5	30	63	62	836
Biggar,	20	18	19	15	10	9	...	...	91	2	...	1	...	...	...	1	...	4	4	4	333
Blantyre,	412	359	235	163	96	108	90	79	1542	49	62	20	35	12	26	66	45	315	485	296	3535
Bothwell,	810	766	630	554	459	393	229	257	4098	47	76	42	70	22	28	99	158	522	801	594	13,100
Cadder,	142	122	106	87	39	41	26	19	562	10	9	10	13	5	9	9	6	71	76	75	2074
Calderhead,	186	184	109	176	96	81	11	5	848	16	20	9	15	2	5	1	5	73	81	81	2375
Cambuslang,	421	368	239	240	165	140	89	91	1753	43	58	34	56	17	36	47	61	352	476	435	5083
Cambusnethan,	552	518	289	323	184	214	166	181	2427	54	54	14	25	5	16	68	101	338	493	380	6622
Carluke,	178	149	122	83	26	32	9	5	604	15	16	5	2	7	6	3	7	61	67	67	1959
Carmichael,	7	8	4	2	2	1	...	...	24	...	...	1	...	...	...	...	...	1	1	1	61
Carmunnock,	...	...	...	...	...	...	5	4	9	...	...	...	...	...	...	1	...	1	7	3	134
Carnwath,	143	132	104	67	60	54	23	17	600	10	9	3	3	1	1	5	3	35	43	43	1340
Carstairs,	58	34	24	23	12	10	15	12	188	1	1	...	1	...	...	...	...	3	3	3	308
Clarkston,	117	111	70	65	46	38	9	21	477	8	17	4	4	1	5	3	9	51	56	56	1807
Covington and Thankerton,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	59
Crawford,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	109
Crawfordjohn,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	99
Culter,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	42
Dalserf,	96	107	43	50	26	24	19	38	403	20	32	4	13	2	2	13	28	114	218	165	956
Dalziel,	676	650	445	438	320	256	199	201	3185	60	89	54	98	18	49	107	136	611	849	771	10,801
Dolphinton,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	50
Douglas,	64	56	23	34	34	29	3	8	251	2	1	1	3	...	...	4	6	17	17	17	490
Douglas Water,	20	24	10	12	8	7	...	...	81	...	...	1	...	...	...	...	...	...	1	1	337
Dunsyre,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	19
East Kilbride,	...	...	...	...	...	...	11	22	33	...	...	...	...	...	...	1	3	4	11	8	493
Glassford,	11	13	13	18	6	11	4	7	83	2	5	...	...	...	1	2	3	13	20	20	276
Hamilton,	518	495	541	455	454	423	320	373	3579	23	61	73	87	40	45	171	221	721	961	790	10,574
Lanark,	124	117	121	118	43	89	26	42	680	11	7	6	5	6	4	9	22	70	90	76	2037
Larkhall,	342	331	171	167	82	72	36	47	1248	54	65	15	25	10	10	28	32	239	495	290	3106
Leadhills,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	114
Lesmahagow,	210	176	124	133	52	61	16	17	789	17	33	6	14	3	6	7	10	96	117	117	2644
Libberton,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	55
New Monkland,	101	91	77	53	37	30	11	12	412	6	8	3	4	2	2	7	4	36	38	38	1654
Old Monkland,	870	830	628	497	374	343	93	96	3731	75	103	39	53	24	21	44	52	411	462	458	12,158
Pettinain,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	31
Rutherglen,	571	531	325	290	199	140	150	110	2316	53	50	43	45	10	19	78	64	362	530	412	5765
Shettleston,	317	334	300	285	138	148	119	63	1704	16	42	39	54	8	22	35	33	249	288	283	5801
Shotts,	238	212	134	142	63	76	27	19	911	21	23	3	11	2	7	17	12	96	111	104	2401
Stonehouse,	51	38	31	37	28	23	4	12	224	3	6	3	3	1	2	3	9	30	42	42	734
Symington,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	80
Walston,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	39
Wandell and Lamington,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	55
Wiston and Roberton,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	47
Total,	7671	7144	5178	4781	3194	2961	1759	1812	34,500	646	889	449	666	211	333	841	1027	5062	7060	5864	105,815

TABLE B.—Results of Examination in each of the Four Groups of Elementary Scholars.

	NUMBER OF SCHOLARS EXAMINED AND THE NUMBER OF CONDITIONS RECORDED.												SCHOLARS PRESENTING CONDITIONS OF WHICH THE PARENTS WERE NOTIFIED, AND THE NATURE OF THE CONDITIONS REQUIRING ATTENTION.											
	Entrants (6 years old and under).		Age Group (11-12 years).		Leavers (13 years and over).		Selected Group.		Four Groups.		Total.	Per-centage.	Entrants (6 years old and under).		Age Group (11-12 years).		Leavers (13 years and over.)		Selected Group.		Four Groups.		Total.	Per-centage.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
SCHOLARS EXAMINED.	7671	7144	5178	4781	3194	2961	1759	1812	17802	16698	34,500		646	889	449	666	211	333	841	1027	2147	2915	5062	14·6
Clothing and Footgear, ...	73	65	30	22	9	6	78	46	190	139	329	·9	71	64	30	20	9	4	67	44	177	132	309	·9
Nutrition, ...	2	6	...	..	...	...	17	14	19	20	39	·1	2	...	...	...	...	...	4	4	6	4	10	·03
Cleanliness and condition of Skin. Head, Nits, ...	28	394	2	130	1	50	15	184	46	758	804	2·3	26	368	2	108	1	50	13	158	42	684	726	2·1
Head, Lice, ...	27	110	17	36	5	19	8	54	57	219	276	·8	27	110	17	36	5	19	8	54	57	219	276	·8
Body, Nits, ...	14	23	7	11	4	2	16	26	41	62	103	·3	14	22	7	11	4	2	16	26	41	61	102	·3
Body, Lice, ...	88	51	20	13	15	4	51	48	174	116	290	·8	88	51	20	13	15	4	51	48	174	116	290	·8
Dirty Body, ...	30	21	8	4	1	3	38	22	77	50	127	·4	23	18	5	4	1	...	26	18	55	40	95	·3
Contagious Skin Diseases, Impetigo,	74	85	7	9	3	4	50	53	134	151	285	·8	65	77	7	7	3	4	28	33	103	121	224	·6
Ringworm,	8	5	2	...	1	...	7	2	18	7	25	·07	8	5	2	...	1	...	7	2	18	7	25	·1
Scabies, ...	2	2	...	.	...	..	15	11	17	13	30	·08	2	2	...	...	...	...	15	11	17	13	30	·1
Teeth Decayed, Temporary,	92	98	...	...	...	...	4	2	96	100	196	·6	24	26	...	...	...	...	1	1	25	27	52	·1
Permanent,	—	...	...	...	...	...	1	3	1	3	4		...	...	...	...	...	...	...	.	...	..	...	...
Nose and Throat, Tonsils, ...	57	49	...	...	...	1	60	63	117	113	230	·6	13	12	...	...	...	1	43	43	56	56	112	·3
Adenoids, ...	11	11	2	1	...	2	63	51	76	65	141	·4	5	5	2	1	...	2	32	29	39	37	76	·2
Glands, ...	60	27	1	1		...	46	33	107	61	168	·5	11	4	1	1	...	...	4	7	16	12	28	·1
External Eye Disease, ...	81	69	8	17	6	5	101	100	196	191	387	1·1	58	57	8	17	6	...	51	60	123	139	262	·7
Vision Distance Test, ...	46	39	368	472	178	265	486	601	1078	1377	2455	7·1	46	39	368	472	178	5	486	601	1078	1377	2455	7·1
Squint.	216	162	16	14	8	9	127	126	367	311	678	1 9	216	162	16	14	8	265	127	126	367	311	678	1·9
Ear Disease, ...	28	20	2	4	..	1	71	43	101	68	169	·5	21	18	2	4	...	9	56	33	79	56	135	·4
Wax, ...	2	2	...	..	...	...	6	5	8	7	15	·04	1	1	...	...	...	1	3	5	4	6	10	·03
Hearing, ...	1	3	2	1	...	..	59	35	62	39	101	·3	1	1	2	1	...	...	22	19	25	21	46	·1
Speech, ...	1	...	...	...	...	...	30	17	31	17	48	·1	...	...	...	...	...	...	2	2	2	2	4	·01
Mental Condition, Dull, ...	...	1	...	...	...	...	33	19	33	20	53	·1	...	...	...	...	...	...	...	...	...	...	...	...
Deficient,	...	...	...	...	...	...	6	...	6	...	6	·02	...	...	...	...	...	...	...	...	...	...	...	...
Heart and Circulation, ...	2	...	...	...	...	...	2	...	4	...	4	·01	1	...	...	...	...	...	...	...	1	...	1	·002
Lungs, ...	...	2	...	...	...	...	1	5	1	7	8	·02	...	1	...	...	...	...	...	1	..	2	2	·005
Nervous Disease, Epilepsy, ...	...	...	...	...	...	...	...	3	...	3	3	·01	...	...	...	...	...	...	...	...	...	...	...	...
Chorea, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paralysis, ...	...	2	...	...	...	...	4	1	4	3	7	·02	...	1	...	...	...	...	...	..	...	1	1	·002
Tuberculosis, Pulmonary, ...	...	...	...	...	..	...	1	...	1	...	1	·002	...	...	...	...	...	...	1	...	1	...	1	·002
Osseous, ...	...	..	..	...	...	...	1	1	1	1	2	·005	...	...	...	...	...	...	1	1	1	1	2	·005
Glandular, ...	1	2	...	...	...	...	2	2	3	4	7	·02	1	1	.	...	...	...	2	2	3	3	6	·02
Rickets, ...	...	2	...	...	...	...	7	8	7·	10	17	·05	...	...	...	...	..	...	1	12	1	12	13	·04
Deformities, ...	2	3	...	...	...	...	12	12	14	15	29	·1	...	...	...	...	...	...	...	1	...	1	1	·002
Infectious Disease, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases or Defects, ...	4	6	...	..	...	1	44	40	48	47	95	·3	1	...	...	...	...	1	9	8	10	9	19	·05

TABLE C.—Higher Grade Scholars Examined at the Routine Examination for Year ending 31st July, 1919.

SCHOOL BOARDS.	SCHOLARS EXAMINED IN EACH GROUP.							SCHOLARS NOTIFIED OF CONDITIONS REQUIRING ATTENTION.							CONDITIONS.	
	Age Group. (II-12 years).		Seniors. (13 years and over).		Selected.		Total	Age Group. (11-12 years).		Seniors (13 years and over).		Selected.		Total.		
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		Recorded.	Notified.
Airdrie, ...	16	14	50	65	...	...	145	1	1	1	3	...	..	6	6	6
Avondale, ...	...	...	31	26	...	...	57	...	...	1	1	...	...	2	7	7
Biggar, ...	...	...	12	15	...	...	27	...	...	2	0	...	...	2	2	2
Bothwell, ...	8	5	24	29	...	5	71	...	1	...	1	...	1	3	3	3
Cadder, ...	...	...	18	29	...		47	...	...	..	3	...	...	3	3	3
Cambuslang, ...	6	...	20	39	...	...	65	...	...	4	3	...	...	7	7	7
Cambusnethan, ...	..	...	..	...	1	4	5	...	...	...	...	1	2	3	4	3
Carluke, ...	...	...	57	46	...	...	103	...	...	3	4	...	...	7	9	9
Dalziel, ...	74	73	75	84	1	...	307	...	2	2	3	1	...	8	8	8
Hamilton, ...	...	...	...	...	12	11	23	...	...	...	...	8	4	12	19	12
Lanark, ...	5	4	28	35	...	...	72	...	...	...	...	...	...	...	...	...
Larkhall, ...	...	...	68	58	...	...	126	...	...	3	2	...	...	5	5	5
Lesmahagow, ...	...	...	45	48	..	...	93	...	...	1	...	...	...	1	1	1
Old Monkland, ...	10	15	65	52	...	...	143	...	1	1	4	...	...	6	6	6
Rutherglen, ...	...	...	58	46	...	..	104	...	...	9	3	..	...	12	12	12
Shettleston, ...	18	15	53	54	...	...	140	...	2	3	5	...	...	10	10	10
Total, ...	137	126	604	626	14	20	1527	1	7	30	32	10	7	87	102	94

TABLE D.—Results of Examination in each of the Three Groups of Higher Grade Scholars.

	NUMBER OF SCHOLARS EXAMINED AND THE NUMBER OF CONDITIONS RECORDED.										SCHOLARS PRESENTING CONDITIONS OF WHICH THE PARENTS WERE NOTIFIED, AND THE NATURE OF THE CONDITIONS REQUIRING ATTENTION.									
	Age Group (11-12 years).		Seniors (13 years and over).		Selected Group.		Three Groups.		Total.	Percentage.	Age Group (11-12 years).		Seniors (13 years and over.)		Selected Group.		Three Groups.		Total.	Percentage.
	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.			Boys.	Girls.	Boys.	Girls.	Boys.	Girls.	Boys.	Girls.		
SCHOLARS EXAMINED.	137	126	604	626	14	20	755	772	1527	...	1	7	30	32	10	7	41	46	87	5·7
Clothing and Footgear, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nutrition, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cleanliness and Condition of Skin. Head, Nits, ...	...	1	...	...	...	...	...	1	1	·06	...	1	...	...	...	...	...	1	1	·06
Head, Lice, ...	...	1	2	1	...	...	2	2	4	·3	...	1	2	1	...	...	2	2	4	·3
Body, Nits, ...	...	...	1	1	...	...	1	1	2	·1	...	...	1	1	...	...	1	1	2	·1
Body, Lice, ...	...	...	1	1	...	...	1	1	2	·1	...	...	1	1	...	...	1	1	2	·1
Dirty Body,...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contagious Skin Diseases, Impetigo,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contagious Skin Diseases, Ringworm,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Contagious Skin Diseases, Scabies, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth Decayed, Temporary,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Teeth Decayed, Permanent,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nose and Throat, Tonsils, ...	...	...	...	...	1	...	1	...	1	·06	...	...	...	...	1	...	1	...	1	·06
Nose and Throat, Adenoids, ...	...	...	...	...	1	1	1	1	2	·1	...	...	...	...	...	...	...	...	...	...
Nose and Throat, Glands, ...	...	...	...	...	1	2	1	2	3	·2	...	...	...	...	...	...	...	...	...	...
External Eye Disease,... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Vision Distance Test, ...	1	5	28	32	9	7	38	44	82	5·4	1	5	28	32	9	7	38	44	82	5·4
Squint, ...	...	...	2	...	...	1	2	1	3	·2	...	...	2	...	...	...	2	...	2	·1
Ear Disease, ...	...	...	...	...	...	1	...	1	1	·06	...	...	...	...	...	...	...	...	...	...
Wax, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Hearing, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Speech, ...	...	...	...	...	...	1	...	1	1	·06	...	...	...	...	...	...	...	...	...	...
Mental Condition, Dull ..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mental Condition, Deficient,	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Heart and Circulation,... ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Lungs, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Disease, Epilepsy, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Disease, Chorea, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Nervous Disease, Paralysis, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, Pulmonary, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, Osseous, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, Glandular, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Rickets,...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Deformities, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Infectious Disease, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Other Diseases or Defects, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

PART III.

REPORT BY THE OPHTHALMIC SURGEON.

The interruption of all school work, due to the influenza epidemic of 1918-1919, affected very adversely the amount of work undertaken by the Ophthalmic Surgeon, the total number of children treated falling from 852 in 1917-18 to 736 in 1918-19. The complete statistics for the year will be referred to later on.

As regards Ophthalmic Treatment of School Children, it must be pointed out that the Ophthalmic Surgeon's work is not completed when he has examined a child for the first time. It has been found by experience that supervision is very necessary. Take the case of a child for whom spectacles have been ordered at the age of five or six years. In most cases this child, in order to obtain the full advantage of education, must continue to wear glasses during the whole of school life; but not necessarily the same glasses. Every one knows how careless is the average boy or girl—boy more particularly perhaps—of the condition of his or her spectacles, and every one knows how unwillingly in certain cases they are worn at all. Any excuse will serve to cast them on one side, and in many cases any trivial excuse will suffice the parent for not obtaining them. It follows therefore that unless (1) the spectacles are checked as to correctness and adjustment (to say nothing of their having been obtained or not), (2) the condition of sight is investigated from time to time, (3) re-examinations are made in those cases where the spectacles are lost, broken, or unsatisfactory from any cause; unless all these things are attended to from beginning to end of the child's school life, a very large part of the original energy and expense is simply dissipated without having wrought much, if any, advantage.

What then is the Ophthalmic Surgeon's clientele? Since the anticipated school population under the new conditions will be over 120,000, the Ophthalmic Surgeon's possible clientele in any year will amount to a certain percentage (very difficult to ascertain) of 120,000, to which must be added supervision of all the children treated in the immediately preceding year, and of some of those treated further back than one year. What percentage of this 120,000 are we to take? A search through recent medical literature reveals great discrepancies between the figures of different writers, a discrepancy probably mainly due to variation in the standard of defect accepted by the respective school medical officers as sufficient to recommend a child for treatment. Into such discrepancies one cannot here enter in detail. It may be mentioned, however, that in the schools of the London County Council (1907-8), out of 1,196,504 children examined 10.3 per cent. were notified as defective sighted by the teachers, while 7.34 per cent. were reported defective by the oculist. Pollock's figures give a percentage of 11.65, while our own School Medical Officers in 1913-14 found 1777 defective sighted children out of 17,394 examined, a percentage of 10.2. Our Nurses, working without the Medical Officers, notified as defective sighted in 1917-18, 2585 children out of 37,135 examined, a percentage of nearly 7. But various writers have put the percentage of defective sight in school children very much higher than any of these figures. We may probably accept 10 per cent. as a working figure. Therefore, supposing all the 120,000 children in the schools of the Lanarkshire Authority to be examined in one year (which is not the case in practice), the expected number of visual defects in the whole school population is 12,000. Since the treatment scheme has been at work for five years, a proportion of those already treated will be among the 12,000 defective sighted children. But the number of these is so uncertain that, for the purposes of this rough estimation, they may be neglected. One may then assume that, if the scheme were only now being commenced, there would be 12,000 defective sighted children in the Lanarkshire schools. The scheme is a voluntary one. How many of the 12,000 may be expected, after notification, to apply for treatment? Experience has shown that the number of applicants in any year varies from about 33 per cent. to nearly 70 per cent. For last year it was 41 per cent. One may expect that, with the return of the Medical Officers to duty and with unity of control under one Education Authority, the figure representing applications should certainly not be less than 50 per cent. of those notified: 50 per cent. of 12,000 is 6000. But since, approximately, only one-third of the scholars are inspected in any one year by the School Medical Officers and their staff, one should expect an annual number of 2000 applications for visual treatment. This, when accompanied by much necessary re-visiting, is a larger number than one Ophthalmic Surgeon can deal with, and should prove, in any case, to be a minimum figure. And yet, supposing that by additional ophthalmic staff this large clientele is successfully attended to, we are yet far from the desideratum, that every school child's visual condition should be accurately known: that positive information should be available regarding every child's eyesight, just in the same way as positive information is avilable about lungs, heart and brain. Information of this kind is roughly obtained by testing the eyesight in the course of school medical inspection, such inspection being the basis upon which children are selected for treatment; but, while the child with actually defective vision is thereby picked out, the one without actually defective vision, but who, nevertheless, has an error of refraction requiring treatment, and the infant whose vision is difficult to ascertain must, by the necessities of the case, frequently be passed over.

A word or two may be said in explanation of the routine which is followed before the child can actually be examined by the Ophthalmic Surgeon. (1) A child is found by the School Medical Officer, in the course of school inspection, to have defective vision, to have a squint, or to have some external and visible eye disease; alternatively, the child may be selected by the Head Teacher and reported to the School Medical Officer. (2) The parent is notified, and requested to fill in and sign a form requesting treatment. It is made clear on the form that only those who are necessitous will be treated free. The non-necessitous must subscribe towards the cost, and the so-called partly-necessitous contribute a smaller amount. Incidentally, it may be said that the whole scheme would be much more easily worked if the wage-earning classification could be eliminated. (3) When the parent has signed the application form he hands it to the Head Teacher of the school at which his child is a scholar. The Headmaster forwards the form to the School Medical Officer. (4) Notice is sent by post to the parent that the child is to be brought or sent to the Centre on a certain day, at a certain hour, when treatment will be carried out. (5) Notice is sent to the Headmaster of the school that this pupil has been so summoned.

The principal point in the foregoing arrangements which is liable to be misunderstood is that **no child can be treated unless with his parent's or guardian's written consent.** Treatment by the servants of the Education Authority is not legally compulsory, and treatment of a child without consent may be made the ground of an action for assault. Even now, after five years, this fact is not understood by all school teachers. It is useless to send children selected by the teacher to the treatment centre, expecting them to be treated there and then. In every case, without any exception, the parent's or guardian's consent must be obtained.

It is hoped that the foregoing statement will suffice to show the general working of the treatment scheme in so far as eye treatment is concerned.

One may pass from the consideration of the number of defective-sighted children and the method of summoning them to certain points regarding their treatment.

In regard to children with progressive myopia and other defects of sight of such serious character that education is not possible in ordinary schools, a great deal might be said, but, to be brief, the words of Dr James Kerr, Medical Research Officer for London, and formerly Medical Officer for London, may be quoted:—

> "These cases (i.e., of progressive myopia or short-sight) must have protection during the growing period. At one time I placed them in blind schools, but found that educationally inadvisable, and so what is known as the high myopia school was devised. This method of eliminating eye work as far as possible from elementary education has been so successful that it is being extended. It is not restricted to young children with advancing myopia, but has also been used for other rarer varieties of cases where either good vision is unattainable or the effort is hurtful. The children so included are cases which are not remedied by other treatment. They are, however, mostly rare varieties of disease or malformation, cases with bad nystagmus, and aniridia, with displaced lenses, albinism, hemeralopia, considerable retinal or choroidal changes, and occasionally more or less chronic corneal conditions. The myopes, however, form the bulk of such classes."

Every one of these serious defects, "in which good vision is unattainable," can be found to-day in the schools of Lanarkshire. It is "up to" the Education Authority of the County of Lanark to consider this important question of the "high myopia school," as it is called. Is there any reason, in a county area, why the word "class" should not, where necessary, be substituted for the word "school," provided a competent and enthusiastic teacher is available? It is almost impossible to say too much about the importance of myopia, so little is it understood even by the teaching profession. No excuse is needed for a further quotation from Dr Kerr:—

> "To summarise: high-grade myopia in children requires special education in so-called myopia schools. The prevalence in the population of a mass of low-grade myopia, largely associated with excessive eye work, calls for prophylactic school treatment, in the diminution of book work, and its practical elimination before the age of eight. The lighting of schools requires much improvement, and back lighting as the main source of light of class rooms should be absolutely prohibited. A stringent rule to exclude myopes from literary careers should refuse scholarships to young myopes of 4 dioptres or more, and all candidates for the teaching profession should be rejected for myopia of 6 dioptres or more."

Since the inception of the treatment scheme the Ophthalmic Surgeon has done his best to keep in touch with and regulate the school life of the seriously myopic child, but the passive resistance caused by many school teachers who, with the best intentions towards a promising pupil, urge him on instead of restraining him has to some extent frustrated his efforts. It is time something were done to educate teachers on this and other ophthalmic subjects, and to remove the child who has dangerous myopia from the competitive influence of the ordinary school.

Further, with regard to squint. Squints usually commence early in life, so that they have either commenced before, or commence soon after school life begins. The unfortunate thing about squint is that in a young child the visual acuity of the squinting eye drops very rapidly, so that, if there be any delay in getting the child examined and treated, the squinting eye may become extremely defective in the interval. Everything possible should be done by all in authority, especially teachers, to get such cases seen to at once. Nor is there any difficulty, so far as the School Medical staff is concerned. If a Head Teacher notifies the School Medical Officer that such and such children who have newly entered the school are squinting, everything possible will be done to get these children examined by the Ophthalmic Surgeon at the earliest moment. The School Medical Officer can only inspect the children at intervals. The teacher sees them every day, and on him or her rests the responsibility of notifying the School Medical Officer of whatever requires immediate attention.

Lastly, there is in Lanarkshire schools a large number of children who have defective vision without any obvious disease of the eye and without any error of focus. There is apparently nothing wrong with the eyes, and yet vision is poor. Such cases are found in every school area throughout the whole County, and the causes are various. Some cases have a congenital defect, in some the visual failure is due to lowered health, after influenza, for example, and in others there has been a period of eye strain. Now, such eye strain may be due to various causes, but one of them is defective lighting. The lighting of some of the Lanarkshire schools is bad, and this is a subject which, in due course, must occupy the attention of the Authority. But the teacher can help all cases of defective vision, temporarily, by giving them their proper position in the class-room, namely, at the front. Why is it that such children are sometimes found near the back of the class-room? Should each teacher not make himself or herself acquainted in a general way with each pupil's visual acuity? If a child who knows the letters in a book cannot read the letters written on a black-board by the teacher, letters of a size that can be read by the majority of the children even when seated far back, that child should be brought to the front and his name handed to the Head Teacher for reference to the School Medical Officer.

STATISTICS.

There is nothing very much to say under this heading.

Table I. was given in full last year. For 1918-19 only the totals are stated.

Table II. shows that 736 children were examined for the first time or completely re-examined, while 888 were re-visited. Spectacles were ordered for 609 children, 111 were treated otherwise than by glasses, or their parents were advised. Sixteen children failed, for one reason or another, to have the treatment completed.

Table III. is a new table bringing the myopia statistics up to date from August, 1914. Reference to the Report for 1916-17 will show the same table up to 1917. If the percentages up to 1917 be compared with those up to 1919 it will be found that the urban percentage of myopia remains practically identical in the two cases. but that the rural percentage has dropped from 22.3 to 20.2. That is to say, the peculiar higher percentage of short sight in rural schools as compared with urban schools, which has been commented upon in previous reports, is not now quite so marked as formerly. It is still quite sufficiently marked to traverse the usually accepted view that short sight is a town disease rather than a country disease. A very noticeable fact occurs in the third column of this table, where it is shown that of 878 cases of myopia 519 were girls and 359 were boys. This preponderance of girls is in accordance with the finding of other workers. It has been stated indeed that myopia inclines to be a sex-limited disease, tending to pass down a family via the daughters.

Table IV. shows the large number of cases of convergent squint treated, and also presents examples of children who might be educated in the school or class for very defective-sighted children to which reference has already been made. Such cases are included amongst those in the columns marked "choroido-retinal changes," "optic atrophy," "nystagmus," "congenital amblyopia," "albinism."

Table V. shows the wage-earning class of the parents of children treated.

Table VI. is introduced for the benefit of those interested technically in errors of focus. In the opinion of the writer, it is useless to attempt a classification by the individual, on account of the frequently occurring "anisometropia" or difference between the two eyes. It is better to classify the eyes separately. This has been done here.

OPHTHALMIC TREATMENT.

TABLE I.—Showing the number of Parents notified, the number who applied for Treatment, and the number of Children examined for the first time. Year ending 31st July, 1919.

Total notified by the Medical Inspection Staff	3133
Total who applied for Treatment	922
Total examined by Ophthalmic Surgeon for first time	736

OPHTHALMIC TREATMENT.

TABLE II.—Showing *(a)* Total Number of Cases; *(b)* Number Treated by Glasses; *(c)* Number Treated otherwise or Advised; *(d)* Number uncompleted or not requiring Treatment. Year ending 31st July, 1919.

TREATMENT CENTRE.	Number of Children Examined.	Number Revisited.	Approximate Total Attendances.	Number for whom Spectacles were prescribed.	Number Treated otherwise or Advised.	Cases uncompleted, and Cases not requiring Treatment.	
Airdrie, ...	48	65	115	38	6	4	**Centres Classified as Urban.**
Blantyre, ...	39	26	67	31	8	0	
Cambuslang, ...	61	46	115	53	7	1	
Coatbridge, ...	85	82	176	76	9	0	
Larkhall, ...	60	77	140	48	10	2	
Motherwell, ...	106	242	358	87	16	3	
Rutherglen, ...	75	52	136	64	9	2	
Shettleston, ...	62	69	134	60	2	0	
Wishaw, ...	36	50	88	31	5	0	
Uddingston, ...	1	0	0	1	0	0	
Total, ...	573	709	1329	489	72	12	
Abington, ...	3	3	6	3	0	0	**Centres Classified as Rural.**
Biggar, ...	4	4	9	4	0	0	
Cadder, ... (Bishopbriggs and Chryston)	24	15	40	18	6	0	
Carluke, ...	14	29	44	11	3	0	
Carnwath, ...	12	13	26	8	3	1	
East Kilbride,...	0	0	0	0	0	0	
Lanark, ...	42	50	94	22	18	2	
Lesmahagow, ...	17	13	31	13	3	1	
Shotts, ...	39	46	87	34	5	0	
Strathaven, ...	8	6	14	7	1	0	
Total, ...	163	179	351	120	39	4	
Grand Total, ...	736	888	1680	609	111	16	
					736		

OPHTHALMIC TREATMENT.

TABLE III.—Showing the percentage of Myopia and Myopic Astigmatism of all Children examined from August, 1914, till July, 1919.

TREATMENT CENTRE.	I. Total Children Examined.	II. Total Treated by Spectacles.	III. Total Cases of Myopia and Myopic Astigmatism.		IV. Percentage of Column I.	V. Percentage of Column II.	
			Boys.	Girls.			
Airdrie,	507	437	29	58	17.1	19.9	**Centres Classified as Urban.**
Blantyre,	235	189	16	30	19.5	24.3	
Cambuslang,	347	295	17	27	12.6	14.9	
Coatbridge,	668	581	52	65	17.5	20.0	
Larkhall,	237	191	16	31	19.8	24.6	
Motherwell,	662	575	37	54	13.7	15.8	
Rutherglen,	412	341	30	42	17.4	21.1	
Shettleston,	542	465	39	59	18.0	21.0	
Wishaw,	358	297	28	37	18.1	21.8	
Uddingston,	1	1	—	—	—	—	
Total,	3969	3372	264	403	16.7	19.7	
Abington,	16	15	3	0	18.7	20.0	**Centres Classified as Rural.**
Biggar,	17	16	1	1	11.7	12.5	
Cadder, (Bishopbriggs and Chryston)	135	102	10	11	15.5	20.5	
Carluke,	107	93	7	22	27.1	31.1	
Carnwath,	74	59	9	10	25.6	32.2	
East Kilbride,	38	33	4	6	26.3	30.3	
Lanark,	233	169	28	27	23.6	32.5	
Lesmahagow,	85	74	6	11	20.5	22.9	
Shotts,	257	221	21	19	15.5	18.0	
Strathaven,	80	63	6	9	18.7	23.8	
Total,	1042	845	95	116	20.2	24.9	
Grand Total,	5011	4217	359	519	17.5	20.8	
			878				

OPHTHALMIC TREATMENT.

TABLE IV.—Giving Details of Conditions, other than Refraction Errors, whether Treated or Advised. Year ending 31st July, 1919.

TREATMENT CENTRE.	No. of Children Examined.	Squint (Convergent).	Squint (Divergent).	Ptosis.	Corneal Opacity.	Leucoma Adherens.	Corneal Ulcer.	Corneal Staphyloma.	Conjunctivitis and Blepharitis.	Phlyctenular Conjunctivitis & Keratitis.	Hordeolum (Stye).	Chalazion.	Xerosis of Conjunctiva.	Lice in Eyelashes.	Stillicidium.	Mucocele and Dacryocystitis.	Ectropion.	Cataract.	Aphakia.	Choroido-Retinal Changes (Myopic).	Do. other than Myopic.	Sequelae of Iritis.	Optic Atrophy.	Nystagmus.	Congenital Amblyopia.	Congenital Word or Letter Blindness.	Albinism.	Other Congenital Defects.	Results of Injury.	Disorganization of Eye.	Cyst of Eyelid.	Anophthalmos.	Sympathetic Ophthalmitis (Sequelae)	Microphthalmus.	Corneal Birth Injury.	
Airdrie, ...	48	20	...	...	...	3	...	...	2	...	...	...	...	...	...	...	...	...	...	1	1	..	...	...	...	...	...	...	...	...	...	...	...	1	...	Centres Classified as Urban.
Blantyre, ...	39	11	...	...	6	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	
Cambuslang, ...	61	14	...	...	3	..	...	...	2	1	...	...	...	...	...	...	...	1	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	
Coatbridge, ...	85	35	3		8	...	...	...	1	1	...	...	...	...	..	...	...	...	...	4	1	...	...	...	...	...	...	...	...	...	...	...	...	.	...	
Larkhall, ...	60	15	1	...	8	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	
Motherwell, ...	106	29	3	...	5	1	...	...	2	3	1	...	...	...	...	...	...	...	...	4	2	...	1	1	1	...	...	1	...	...	...	...	...	...	...	
Rutherglen, ...	75	13	3	...	2	...	1	...	4	...	...	...	...	...	...	...	...	1	...	2	1	...	...	1	...	...		—	...	...	...	...	...	..	...	
Shettleston, ...	62	16	2	.	3	...	...	...	1	1	...	...	...	...	...	...	...	...	...	..	...	...	1	1	...	...	...	...	...	...	...		...	...	...	
Wishaw, ...	36	10	...	...	3	..	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	
Uddingston, ...	1	...					...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total, ...	573	163	12	0	38	4	1	0	12	9	1	0	0	0	0	0	0	2	0	17	5	0	2	5	1	0	1	1	0	1	0	0	0	1	0	
Abington, ... —	3	1	...	...	...	...	...	...	...	...	...	...	...	..	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	Centres Classified as Rural.
Biggar, ...	4	1	..	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	
Cadder ... ... (Bishopbriggs and Chryston),	24	5	...	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	—	...	...	...	...	...	...	...	...	...	...	...	1	
Carluke, ...	14	8	...	...	1	...	...	..	1	...	...	...	...	..	...	...	...	...	..	...	...	...	...	1	...	...	...	...	...	...	...	...	...	.	...	
Carnwath, ...	12	6	...	...	1	...	...	...	...	...	...	..	...	...	...	...	...	...	...	1	...	...	...	...	...	...	—	...	...	...	...	...	...	...	...	
East Kilbride, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...	...	...	...	...	...		...	
Lanark, ...	42	14	...	...	2	...	...	...	7	3	...	...	9	...	...	...	...	1	...	...	...	...	2	...	...	...	...	...	...	...	...		...	...	...	
Lesmahagow, ...	17	3	...	...	3	...	2	...	..	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	...	.	...	...	...	
Shotts, ...	39	12	2	...	1	...	...	...	1	2	...	...	...	...	...	...	...	1	...	2	..	...	...	...	...	...	...	...	...	...	...	...	...	...	—	
Strathaven, ...	8	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	
Total, ...	163	53	2	0	10	0	2	0	9	6	0	0	9	0	0	0	0	2	0	4	0	0	2	2	0	0	0	0	0	0	0	0	0	0	1	
Grand Total, ...	736	216	14	0	48	4	3	0	21	15	1	0	9	0	0	0	0	4	0	21	5	0	4	7	1	0	1	1	0	1	0	0	0	1	1	

OPHTHALMIC TREATMENT.

TABLE V.—Showing the number of Children in the different Wage-earning Classes actually treated or examined (New Cases). Year ending 31st July, 1919.

TREATMENT CENTRE.	Class I.	Class II.	Class III.	
Airdrie,	16	10	22	**Centres Classified as Urban.**
Blantyre,	21	11	7	
Cambuslang,	23	23	15	
Coatbridge,	42	25	18	
Larkhall,	31	16	13	
Motherwell,	49	28	29	
Rutherglen,	35	23	17	
Shettleston,	32	13	17	
Wishaw,	11	9	16	
Uddingston,	0	1	0	
Abington,	2	1	0	**Centres Classified as Rural.**
Biggar,	4	0	0	
Cadder, (Bishopbriggs and Chryston)	16	5	3	
Carluke,	8	2	4	
Carnwath,	10	1	1	
East Kilbride,	0	0	0	
Lanark,	35	5	2	
Lesmahagow,	8	5	4	
Shotts,	13	11	15	
Strathaven,	5	1	2	
Total,	361	190	185	

OPHTHALMIC TREATMENT.

TABLE VI.—Indicating the nature of the errors corrected by Spectacles, each eye considered separately—609 Cases.

	R.	L.
Hypermetropia	219	210
Hypermetropic Astigmatism, simple and compound	194	203
Myopia	44	47
Myopic Astigmatism, simple and compound	84	77
Mixed Astigmatism	57	58
One eye not requiring correction, or too defective for correction... ...	11	14
	609	609

REPORT TO THE EDUCATION AUTHORITY OF THE COUNTY OF LANARK ON THE OPHTHALMIC TREATMENT OF SCHOOL CHILDREN IN HAMILTON FROM 1st JANUARY TO 31st JULY, 1919.

Gentlemen,

Since I was appointed Oculist to the Hamilton School Board in 1914 my Annual Report to that body was forwarded to them in the month of December each year. At the request of your School Medical Officers, however, I beg to present a report on the work done by me between 1st January and 31st July, 1919.

The cases treated comprise:—

A.—Diseases of the Eye other than Errors of Refraction—of these there were 25.

B.—Errors of Refraction—of these there were 155.

In Class A.—The prevailing conditions were Conjunctivitis, Iritis, Keratitis, and Blepharitis. Most of such cases are treated by their own doctor.

In Class B.—All were examined under a mydriatic, and the great majority were much improved by spectacles. I have all along, however, regretted that many cases are sent at a stage when, owing to refractive correction being too long delayed, much of the visual acuity has been lost—in some cases irremediably.

TABLE A. (Age—Incidence).

Age.	Number of Refraction Cases treated in				
	1915	1916.	1917.	1918.	1919.
Under 5	0	0	1	0	0
5- 6	0	2	2	7	4
6- 7	7	8	2	12	11
7- 8	10	12	9	12	11
8- 9	7	15	16	18	15
9-10	9	14	12	15	18
10-11	17	16	12	23	36
11-12	25	25	28	34	28
12-13	21	20	24	21	21
Over 13	15	30	22	32	36

This Table shows that the majority of the cases are sent after 10 years of age.

TABLE B. (Character of Defects).

		1916.	1917.	1918.	1919.
Hypermetropic Astigmatism (in one eye or both)	... ...	62	52	50	49
Hypermetropia	(do.) ...	32	30	24	28
Myopic Astigmatism	(do.) ...	24	18	21	27
Simple Astigmatism	(do.) ...	12	17	22	28
Myopia	(do.) ...	10	9	12	30
Mixed Astigmatism	(do.) ...	10	11	8	7
Emmetropia	(do.) ...	6	10	8	3

This Table shows that by far the most prevalent error in each year is Hypermetropic Astigmatism. This year there has been a larger proportion of slight degrees of myopia, and this is a condition that it is very important to correct in young growing children at school.

TABLE C. (Sex—Incidence).

	Boys.	Girls.
1915	54	79
1916	67	109
1917	66	115
1918	66	114
1919	69	111

This Table shows that the proportion of girls sent as defective in each year is much greater than of boys—not far short of 2 to 1. The question as to how far sewing may have an influence in causing this is worth investigation.

The total number of attendances was 200.
The total number of cases was 180.
The total number of hours occupied was 83½.

The cases were obtained from the following schools:—Greenfield, St. John's, Beckford Street, St. Cuthbert's, St. Mary's, Woodside, Low Waters, Townhead, Glenlee, Ferniegair, Bent, Cadzow, Academy, and Newarthill.

I am,

Yours faithfully,

J. R. WATSON, M.D., D.P.H.

REPORT BY DENTAL SURGEON.

NORTHERN DIVISION.

The aim during the year ending June 30, 1919, has been to complete the inspection of all children in the Northern Area between the ages of 6 and 8½ years, and to treat such as were found to be dentally defective and whose parents were desirous that they should be treated.

Since the return of those members of the Office Staff who have been absent on Service, the clerical work which in previous years took up so much of the dental surgeon's time has almost entirely disappeared. This has, doubtless, had its effect in increasing the amount of dental work overtaken during the year. An adverse factor, however, which tended to reduce the number of children who would have been inspected and treated, was the Influenza epidemic in September and October, 1918.

The Dental Clinic, hitherto established at Eastbank Academy, Shettleston, has been transferred to Baillieston Public School. This change has been rendered necessary by the provisions of the Education (Scotland) Act, 1918, and Shettleston is now included in the area administered by the Education Authority of Glasgow.

The "Table of Dental Treatment" for the year under review, which will be found on another page, shows that the number of children examined in the Northern Division of the County was 8278. In 77 per cent. of these cases dental treatment was found to be necessary, and notices were accordingly sent to the parents or guardians concerned. In response to the 6395 notices issued, 821 boys and 851 girls, in all 1672 children (or 26 per cent. of those notified) attended the clinics for treatment. The total number of extractions done was 6353, of which 6111 were temporary and 242 permanent teeth. Fillings were inserted in 441 teeth, chiefly in teeth of the permanent dentition. Three dressings were done, and scaling and cleaning of the teeth was carried out in 9 cases. Several cases of extensive ulceration of the mouth were treated.

Of the children treated 706 were "necessitous" and 966 "partly-necessitous" cases. The children of "non-necessitous" parents are not treated by the School Dental Surgeon, but notices are sent out in all cases of dental defect. It will be seen from the foregoing analysis that treatment has followed much the same lines as in the previous two years. Every endeavour has been made to preserve permanent teeth by means of filling, extraction of such teeth being resorted to only when conservative measures seemed to hold out no prospect of lasting success. The large majority of such cases as required multiple extraction concerned temporary teeth which were either badly septic or functionless, or which, through some other cause, were interfering with the efficient mastication, digestion, and assimilation of food. Every opportunity was taken to instruct the children in the simple rules of cleanliness of the mouth and teeth, and the importance of the proper mastication of food.

Comparison of the figures of the Table with those of previous years is scarcely possible, inasmuch as, for the first time, these figures deal only with a part of the County, namely:—the Northern Division, instead of, as formerly, with the whole Area. The dental treatment in the Southern Division of the County was this year undertaken by Mr Gilchrist. An analysis of the percentage figures, however, reveals several gratifying features. The number of children suffering from dental defects comprised 77 per cent. of the total number examined in the Northern Division, as against 88 per cent. for the whole County last year.

The average amount of work required for each patient was also somewhat less. It is clear, then,, that regular, periodical inspection and treatment is at length having the desired effect. As things are at present, however, there must always be a large number of children just entering the school—children of five years of age—with badly neglected mouths. Pre-school treatment is a matter of urgent necessity. In last year's report it was remarked that "Now that the clinics will be visited as nearly as possible once a year . . . one may perhaps look for an improvement in the attendance." It is gratifying to report that, as regards the Northern Division, the improvement looked for has been realised, fully 26 per cent. of those notified having attended for treatment. While there is much room for improvement in the figures just mentioned, it is evident that parents are becoming more alive to the benefits to be derived from attention to the teeth of their children.

The attendance at the clinics of 26 per cent. of those notified does not mean that no others received attention. Many replies were sent in by parents expressing thanks that the presence of dental decay in the teeth of their child had been pointed out, and signifying their intention to consult their own dentist. In several instances the advice of the school dentist has been sought by the parents of children whose age was beyond the limit at present prescribed for treatment. Advice was given, and the parents were recommended to visit a private practitioner. The behaviour of the children who attended for treatment was good on the whole. The more often the children see the school dentist the less they are afraid of him. Many children look forward with pleasurable anticipation to their visit to the dental clinic. The exclusion of a child from the list of those to be notified often results in keen disappointment. The promotion among the children of a feeling of confidence, and a belief that the dentist means to do all he can to make their teeth pretty and useful, help to make the work go more smoothly for all concerned. The quite natural fear of the nervous child can be largely overcome by kindness and persuasion. The most difficult patients are those who have been the victims of false or misleading statements prior to attending the clinic. Happily such cases are few, and tending to diminish in number.

It is to be hoped that during the coming year it may be found possible to extend the age limit for inspection and treatment to 9 years. Beyond that age it may not be practicable to go until the dental staff is augmented. The Scheme at present in operation no doubt provides treatment for the children at the most important period of dental development, but that is not sufficient. It is very necessary that inspection and treatment should be provided for children throughout the whole of their school life. Particular attention should be paid to those who are about to leave school in order to fit them for their several vocations, in so far as dental fitness can be made to contribute its quota. School dentistry is not the least important agency by means of which both physical and mental fitness can be effected.

The headmasters and teachers at the several clinics and schools in the area are due thanks for their sympathetic and helpful attitude.

H. R. BOWER, L.D.S.

REPORT BY DENTAL SURGEON.

SOUTHERN DIVISION.

In presenting a report on the Dental Treatment carried out in the Southern Division of the County for the year ending 30th June, 1919, it is impossible to compare the figures with any previous year, as this was the first year in which two full-time Dental Surgeons were employed by the Committee. On examining the "Table of Dental Treatment," which appears on another page, it will be seen that the number of pupils examined was 8229. In 7097 (or 86 per cent.) of these cases dental defects, more or less severe, were found, and notifications of such conditions were sent to the parents or guardians of the children. The actual number of children who presented themselves for treatment at the various clinics was 1561 (or 22 per cent. of those notified), of whom 758 were boys and 803 girls. The numbers of teeth extracted were:—Temporary Teeth, 5613; Permanent Teeth, 311. Fillings to the number of 532 were done. In 5 cases scaling and cleaning was carried out. Of the total number of children treated 573 came under the "necessitous," and 988 under the "partly-necessitous" class.

The greater part of the time was spent in conservative dentistry, i.e., fillings in preference to extractions. The majority of fillings were performed on first permanent molars, teeth which it is of vital importance to save, as they form the keystone of the dental arch. Although much time and labour were spent in preserving those teeth, the good which results, not only immediately but in the years which follow, fully justifies the care and time expended. as a regular, well-formed set of teeth capable of performing their natural duties will in all probability be the result. Those teeth which were extracted were principally "milk" teeth which had decayed to such an extent that they were hopelessly beyond conservative treatment. They were a menace to the health of the child on account of their septic condition, and were also exercising a very bad influence upon their permanent successors, which were forming beneath them at this period. In the large majority of these cases conservative treatment was out of the question, as those children's mouths were in such a deplorable state, even at the early age of 6 years, that nothing short of extensive extractions was possible in order to eliminate sepsis and produce a functioning mouth.

Very encouraging results were noticeable when a re-examination was made of any school children who had been treated previously, and it was pleasing to see the attention those children had paid to the instructions as regards cleaning the teeth. In nearly every case no further treatment was necessary, the mouth being free from decay, clean, and the teeth regular. Those children showed a marked contrast with the child sitting, perhaps, in the same form whose parents had been ignorant enough to refuse treatment, and the difference in general appearance of the children's physical fitness was often very striking. Another noticeable point was the fact that sisters and brothers of the same family always came up for treatment whenever any of the members of the same household had been previously treated.

Compulsory treatment is essential for the dental welfare of the children. It seems grossly unfair to a child that he should be permitted to become physically unfit through his parents' apathy or ignorance. This should, however, right itself when the benefits of early dental treatment come to be more fully recognised. Also equally important is the compulsory cleaning of the mouth and teeth under correct supervision and instruction of either nurses or teachers who perhaps have more influence on children than anyone else. Without this regular cleaning, remedial work will always be of a temporary nature.

All the various headmasters and teachers in the area deserve thanks for the kindness and help they have given in trying to make this scheme a success.

D. ST. LAWRENCE GILCHRIST, L.D.S.

DENTAL REPORT.

Bothwell School Board Area, for Six Months ending June 30th, 1919.

Date.		Pupils Examined.	Number Requiring Treatment.	Number Treated.	Extractions.	School.
Jan.	9.	—	—	4	3	Mossend R.C.
,,	23.	—	—	12	25	Do.
,,	30.	100	83	—	—	Belvidere Public.
,,	30.	93	84	—	—	Bellshill Public.
Feb.	6.	No Patients attended from Mossend R.C.				
,,	13.					
,,	20.	150	129	—	—	Bothwell Park.
,,	27.	No Patients attended from Mossend R.C.				
Mar.	6.	—	—	4	6	Belvidere Public
,,	20.	No Patients attended from Bothwell Park.				
,,	27.	No Patients attended from Mossend R.C.				
April	3.	—	—	6	13	Bothwell Park.
,,	10.	—	—	10	17	Mossend R.C.
,,	17.	—	—	2	5	Bothwell Park.
May	29.	43	37	—	—	Carnbroe Public.
June	5.	96	83	—	—	Muiredge Public
,,	5.	112	95	—	—	Uddingston Gram.
,,	12.	—	—	2	9	Carnbroe Public.
,,	12.	No Patients attended from Mossend R.C.				
,,	19.	—	—	8	21	Muiredge Public.
,,	26.	—	—	5	13	Do.
Totals..		594	511	53	112	

ALEXR. MITCHELL. L.D.S.

DENTAL TREATMENT.

Summary of Work done in the following School Board Areas during the year ending 31st July, 1919.

INSPECTION.				TREATMENT.									NO. OF PUPILS.	
SCHOOL BOARDS.	Number of Pupils Examined.	Number of Notices issued to Parents.		Number of Pupils Treated.		NATURE OF TREATMENT.							Necessitous.	Partly Necessitous.
						Extractions.		Fillings.		Scaling.	Dressing.	Cleaning.		
		Boys.	Girls.	Boys.	Girls.	Temp.	Perm.	Cem.	Amal.					
Airdrie, ...	1030	414	378	105	109	779	13	...	53	1	...	...	104	110
Avondale, ...	227	97	102	22	39	234	13	...	22	...	...	...	37	24
Biggar, ...	53	19	16	19	10	101	1	...	4	...	...	...	21	8
*Bothwell, ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cadder, ...	535	184	185	62	71	550	33	...	39	...	...	...	37	96
Calderhead, ...	528	241	214	59	53	435	18	...	33	...	...	...	38	74
Cambuslang, ...	1161	461	455	132	118	946	33	1	59	...	...	...	101	149
Carluke, ...	580	265	249	69	102	628	33	...	29	...	...	...	67	104
Carmunnock, ...	32	14	11	1	1	12	...	...	...	...	...	...	1	1
Carnwath, ...	177	90	71	...	...	...	...	...	...	...	...	...	...	...
Carstairs, ...	102	40	51	7	15	95	12	...	1	...	...	...	7	15
Clarkston, ...	434	180	163	45	41	322	7	...	32	6	...	...	38	48
Covington and Thankerton,...	9	4	5	1	...	2	...	...	...	...	...	...	...	1
Crawford, ...	15	6	5	1	...	5	...	...	...	...	...	...	1	...
Crawfordjohn, ...	26	15	11	10	5	53	...	...	12	...	...	...	9	6
Coulter, ...	9	7	1	4	...	19	...	...	...	...	...	...	1	3
Dalserf, ...	294	145	134	5	7	44	2	...	5	...	...	...	1	11
Dalziel, ...	2637	1115	1053	317	317	2299	67	...	184	3	...	...	181	453
Dolphinton, ...	14	7	7	1	2	7	...	...	...	...	...	...	2	1
Douglas, ...	70	27	47	1	4	20	3	...	...	...	...	...	2	3
Dunsyre, ...	4	3	1	...	...	...	...	...	...	...	...	...	...	...
East Kilbride,...	111	43	51	10	34	120	11	...	20	...	...	...	27	17
Glassford, ...	73	26	30	9	5	44	2	...	9	...	...	...	11	3
Lanark, ...	551	248	249	81	80	546	77	...	67	1	...	1	88	73
Larkhall, ...	1130	532	507	43	38	270	20	...	42	...	...	...	21	60
Leadhills, ...	30	18	12	...	...	...	...	...	...	...	...	...	...	...
Lesmahagow, ...	677	297	293	58	53	353	47	...	67	...	...	...	33	78
Libberton, ...	17	8	9	2	3	26	...	...	...	...	...	...	3	2
New Monkland, ...	369	143	146	13	17	135	13	...	9	...	...	...	9	21
Old Monkland, ...	2963	1072	1099	283	323	2050	60	...	122	1	3	...	244	362
Rutherglen, ...	1627	676	720	133	138	1011	66	...	93	...	...	...	123	148
Shettleston, ...	159	50	69	48	34	318	17	...	33	...	...	1	50	32
Shotts, ...	711	284	279	29	30	254	5	...	28	...	...	...	12	47
Stonehouse, ...	100	44	48	...	...	...	...	...	...	...	...	...	...	...
Symington, ...	16	10	6	4	3	21	...	...	4	...	...	...	5	2
Walston, ...	8	3	5	2	...	9	...	...	...	...	...	...	2	...
Wandell and Lamington, ...	13	6	7	...	2	9	...	...	1	...	...	...	1	1
Wiston and Roberton, ...	15	7	2	3	...	7	...	...	4	...	...	...	2	1
Total, ...	16507	6801	6691	1579	1654	11724	553	1	972	12	3	2	1279	1954

*See separate Dental Report.

REPORT ON TREATMENT OF DISEASES OF THE EAR, NOSE, AND THROAT.

EDUCATION AUTHORITY OF THE COUNTY OF LANARK.

Gentlemen,

I have the honour to present to you my report on the treatment of children referred to me from the area of the Hamilton School Board on account of affections of nose, ear, and throat.

This report deals with cases for the seven months ending June 30th, 1919. During these months 68 children were seen, 411 attendances made; the time taken was 44½ hours. There were 37 operations under chloroform (31 for Tonsils and Adenoids, 2 for conditions of the Ear, 4 for those of the Nose). In three of the Tonsil and Adenoid cases there were also operations on nose and ears. There were 16 operations under local anæsthetics, all on the nose. One child for examination and report was a boy sent from Cambuslang to the Deaf School; he is not deaf, but has defect of speech and some paralysis of limbs.

Some points call for comment. There has been an unusual number of cases with nasal suppuration, and a good deal of time has been spent on these cases, with results, however, that justify the trouble. It is a pity that such cases are not seen earlier, as much time and expense would be saved and satisfactory results much sooner obtained. In one particular family one child was brought for treatment, but the mother confessed she had "eight with running noses." After two or three years of neglect such children become a nuisance not only to themselves but to others, and often have noses ruined for life. The ideal would be to get such children in the pre-school age, give them handkerchief drill, and teach them in the open air, as has been done with excellent results in Edinburgh.

Most of the suppurating ears have dried up.

Parents usually express themselves as more than satisfied with the result of the Tonsil and Adenoid operation, both as regards the improvement in general health and in hearing capacity. About half-a-dozen cases have shirked the operation, and as many more should have returned for treatment for other conditions. It will be noted that one case from Low Blantyre is outwith the Hamilton School Board Area. This raises the question whether I am to treat such cases at the Authority's expense should parents ask it. If so, the resources of my house and household will soon be over-taxed. It is desirable that hospital accommodation of some sort should be soon provided.

I have the honour to be,

Yours faithfully,

JAMES ADAM, M.D., F.R.F.P.S.G